Health Regulation Administration

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X*) PROVIDER/SUPPLIE IDENTIFICATION NU CPA-054				LE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		CPA-054		E WING		02/1	02/18/2011
NAME OF PROVIDER OR SUPPLIER			STREET ADDRESS CITY STATE ZIP CODE				
BARKER FOUNDATION, INC			1066 30TH STREET NW WASHINGTON, DC 20007				
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S 000 Initial Comments

An annual inspection was conducted from February 16, 2011, through February 18, 2011. The survey findings were based on record review and staff interviews. The sample sizes were twenty five (25) employee records based on a census of twenty five (25), ten (10) adoptive parent records based on a census of ten (10), fifteen (15) home study records based on a census of fifteen (15), and two (2) new board member records based on a census of two (2).

The agency was found to be in substantial compliance with Title 29 Chapter 16, Standards of Placement, Care, and Services for Child Placing however deficiencies were cited.

S 011 1602.5 BOARD OF DIRECTORS

Members of the Board shall be of good character as determined by letters of reference and criminal background investigations.

This CONDITION is not met as evidenced by. Based on record review and interview, the Chiid-Placing agency failed to ensure members of the board were of good character as determined by a criminal background investigation for two (2) new board members. (Board Members #1 and #2)

The findings include:

Review of the board member #1and #2's records on February 18, 2011, at approximately 2:00 p.m. and 2:20 p.m. respectively, revealed no evidence that criminal background investigations had been performed.

Interview with the Director of International

Department of Health Health Regulation & Licensing Administration Intermediate Care Facilities Division 899 North Capitol St., N.E.

Washington, D.C. 20002

Board Members #1 and #2 submitted their clearances by March 21, 2011 and Barker has submitted them for processing. In the future. The Director of Human Resources will provide newly elected board members with clearance packets immediately upon their election each year in May.

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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PRINTED: 03/09/2011 FORM APPROVED Health Regulation Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER COMPLETED A BUILDING E WING **CPA-054** 02/18/2011 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS CITY STATE ZIP CODE 1066 30TH STREET NW BARKER FOUNDATION, INC. WASHINGTON, DC 20007 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION ιO. (X5)(EACH DEFICIENCY MUST BE PRECEDED BY FU. PREFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX COMPLE DATE TAG REGULATORY OR USC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY: S 011 Continued From page 1 S 011 Programs and the International Program Coordinator on February 18, 2011, at approximately 2:40 p.m. confirmed the findings. S 094 1611.1(b) Personnel Records S 094 (b) Applicant's educational credentials: This CONDITION is not met as evidenced by: Based on record review and interview, the agency failed to ensure the personnel records for one (1) of twenty five (25) employees had a copy of their education credentials in their file. (Employee #12) The finding includes: A copy of Employee # 12's Review of personnel records on February 18. Educational Transcript was 2011, at approximately 11:00 a.m., revealed that ordered on March 17, 2011 employee #12's record failed to have evidence of their education credentials. Interview with the Director of International Programs and the International Program Coordinator on February 18, 2011, at approximately 2:40 p.m. confirmed the findings. \$ 996 1611.1(d) Personnel Records S 096 (d) Annual performance evaluations signed by both the employee and supervisor:

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(Employee #12)

This CONDITION is not met as evidenced by: Based on record review and interview, the agency failed to obtain a performance evaluation for one

of twenty-five (25) employees.

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION. IDENTIFICATION NUMBER-COMPLETED A BUILDING B. WING _ CPA-054 02/18/2011 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY STATE ZIP CODE 1066 30TH STREET NW BARKER FOUNDATION, INC. WASHINGTON, DC 20007 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION ID (X5) COMPLETS DATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL DEFEIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) S 096 Continued From page 2 S 096 The finding includes: Review of personnel records on February 18, Employee § 12's annual performance 2011 at approximately 11:00 a.m. revealed that evaluation was placed in employee #12 did not have available for review, their personnel record their annual performance evaluation on March 17, 2011 Interview with the Director of International Programs and the International Program Coordinator on February 18, 2011, at approximately 2:40 p.m. confirmed the findings. S 099 1611.1(g) Personnel Records S 099 (g) Name of employee's immediate supervisor: This CONDITION is not met as evidenced by: Based on record review and interview, the agency failed to ensure that the name of each employee's immediate supervisor was documented in their personnel records for one (1) of twenty five (25) records reviewed. (Employee #12) The finding includes: Review of personnel records on February 18. The name of Employee # 12's supervisor 2011, at approximately 11:00 a.m. revealed that employee #12, did not have available for review. was listed in the personnel record on the name of her immediate supervisor March 17, 2011. documented in her personnel record. Interview with the Director of International Programs and the International Program Coordinator on February 18, 2011, at approximately 2:40 p.m. confirmed the findings S 100 1511.1(n) Personnel Records S 100

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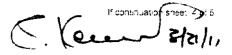
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Health Regulation Administration STATEMENT OF DEFICIENCIES (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION. COMPLETED **IDENTIFICATION NUMBER** A BUILDING B WING CPA-054 02/18/2011 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS CITY STATE, ZIF CODE 1066 30TH STREET NW BARKER FOUNDATION, INC. WASHINGTON, DC 20007 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) (D 10 (X5) (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREEX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE STAC TAG DEFICIENCY) S 100 Continued From page 3 S 100 (h) Documentation of participation in in-service training: This CONDITION is not met as evidenced by: Based on record review and interview, the agency failed to ensure that one (1) of twenty five 25) employee's had proof that they had participated in in-service training. (Employee #12) Employee # 12's in-service training plan. which began on her first day of The finding includes: employment on February 7, 2011 Review of personnel records on February 18. was placed in her personnel. 2011, at approximately 11:00 a.m., revealed the record on March 17, 2011. agency failed to ensure that employee #12 had proof that they had participated in in-service training. Interview with the Director of International Programs and the International Program Coordinator on February 18, 2011, at approximately 2:40 p.m. confirmed the findings. S 103 1611.1(k) Personnel Records S 103 (k) Physical examination reports required in section 1612.2; This CONDITION is not met as evidenced by: Based on record review and interview, the agency failed to ensure that three (3) of twenty- five (25) employees had available for review, a current physical examination report as required in section. 1612 2. (Employee's #2. #5 and #23) The finding includes: Review of personnel records on February 16. 2011 and February 18, 2011 respectively, at

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approximately 10:00 a.m. and 12:00 p.m., revealed that employees #2, #5 and #23 failed to

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER.

(X2) MULTIPLE CONSTRUCTION
A BUILDING

(X3) DATE SURVEY COMPLETED

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NAME OF PROVIDER OR SUPPLIER

BARKER FOUNDATION, INC

STREET ADDRESS CITY STATE, ZIP CODE

1066 30TH STREET NW WASHINGTON, DC 20007

(X4) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES
(EACH DEFICIENCY MUST BE PRECEDED BY FULL
REGULATORY OR LSC IDENTIFYING INFORMATION)

ID PREFIX TAG PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)

(X5) COMPLETE DATE

S 103 Continued From page 4

have current physical examinations in their records.

Interview with the Director of International Programs and the International Program Coordinator on February 18, 2011, at approximately 2:40 p.m. confirmed the findings.

S 103

Employees # 2. 5 and 22 were informed of the need for updated medical exams on March 21, 2011 and asked to submit them by April 15, 2011. Effective, March 21, 2011 all staff and contractors will be required to use Barker's medical form to demonstrate compliance with the regulation.

S 105 1611.1(m) Personnel Records

S 105

(m) Job position description.

This CONDITION is not met as evidenced by: Based on record review and interview, the agency failed to obtain a job position description for one (1) of twenty five (25) employees. (Employee #12)

The finding includes:

Review of personnel records on February 18, 2011, at approximately 11:00 a.m., revealed that employee #12 did not have available for review a copy of their job position description.

Interview with the Director of International Programs and the International Program Coordinator on February 18, 2011, at approximately 2:40 p.m. confirmed the findings.

Employee # 12 has re-reviewed and signed their job description and a copy has been placed in their personnel record

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